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*NO NO*  
 \*\* CONTINUING DATA \*\*\*\*\*

*NO NO*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/15/2003

|                                 |  |          |         |        |             |
|---------------------------------|--|----------|---------|--------|-------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged       | <i>NO NO</i><br>Examiner's Signature   | HUNGARY  | 6       | 10     | 1           |
|                                 | Initials   |          |         |        |             |

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## TITLE

Process for preparing monohydrate and crystal modifications of fluconazole

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|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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